

POSITION APPLIED FOR: _____

DEADLINE: _____

☐ FT ☐ PT As Posted

(One per application)

Application Date: _____



**DEPARTMENT OF HUMAN RESOURCES
COUNTY OF ROANOKE, VIRGINIA**

P.O. Box 29800
Roanoke, Virginia 24018-0798
(540) 772-2018 FAX (540) 776-7130

APPLICATION FOR EMPLOYMENT

To Applicant: Employees of Roanoke County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Name: _____
Last First Middle

Social Security Number: _____

Present Address: _____ Telephone: _____
No. Street E-mail: _____
City State Zip Code

EDUCATION/QUALIFICATIONS

Please check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

High School Diploma? ☐ Yes ☐ No State of Issue _____

High School Equivalency Diploma? ☐ Yes ☐ No Date received _____ State of Issue _____

Please check number of years of post-high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name & Location of Institution	Degree Received	Major or Specialty	Minor	Dates Attended
1.				
2.				
3.				

ADDITIONAL TRAINING (Includes business, trade, armed services, correspondence or night school.)

Name of School	Subject	Duration of Course	Did you Finish?	Certificate Awarded?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL QUALIFICATIONS - Please describe any additional skills or qualifications that are relevant to the position for which you are applying, including any certifications:

<p>Do you have a valid driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____</p> <p>Do you have a valid Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____</p> <p>List Class List endorsements, if any</p>		
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EXPERIENCE

Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight the knowledge, skills and abilities that demonstrate your qualifications for this position. Use additional attachments if necessary.

A	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
Dates (mm/yy)	_____	To (mm/yy)	_____	
		Reason for Leaving	_____	
		Name, if different:	_____	

B	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
Dates (mm/yy)	_____	To (mm/yy)	_____	
		Reason for Leaving	_____	
		Name, if different:	_____	

C	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
Dates (mm/yy)	_____	To (mm/yy)	_____	
		Reason for Leaving	_____	
		Name, if different:	_____	

D	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
Dates (mm/yy)	_____	To (mm/yy)	_____	
		Reason for Leaving	_____	
		Name, if different:	_____	

E	Job Title _____	Duties: _____
	Employer _____	_____
	Address _____	_____
	_____	_____
	Phone _____	_____
	Type of Business _____	_____
	Immediate Supervisor _____	Number employees supervised _____
	Title _____	Equipment used _____
	Salary (Start) _____ Salary (Final) _____	Reason for Leaving _____
	Dates (mm/yy) _____ To (mm/yy) _____	Name, if different: _____

May we contact the employers listed above? ☐ Yes ☐ No

If No, please indicate by letter/number which one(s) you do not wish us to contact: _____

REFERENCES

List three persons who are not related to you who know your qualifications or your character.

Name	Address	Phone	Relationship	Occupation

MISCELLANEOUS

Other than violations committed as a juvenile (under 18 years of age), have you ever been convicted of any violation(s) of the law? ☐ Yes ☐ No

Please note the type of violation(s): ☐ Felony ☐ Misdemeanor ☐ Traffic (moving) violation - excluding minor traffic violations

Description of offense(s): _____

Date of charge(s): _____ Date of Conviction(s): _____ County, City, State of Conviction(s): _____

If more than one offense, please include additional information on an attached plain sheet of paper.

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No

Under the Immigration Reform and Control Act of 1986, upon employment, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. In addition, you will be required to provide documentation to that effect.

Were you previously employed by Roanoke County? ☐ Yes ☐ No If Yes, When _____

What date will you be available for work? _____

CERTIFICATION

I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that all information on this application is subject to verification and I consent to criminal history and driving record background checks, if applicable. I further understand that I may have to pass a physical examination as a condition of my employment and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application. I hereby release Roanoke County from any/all liability of whatever kind and nature resulting from obtaining and having an employment decision based on such information.

I acknowledge that I have read and understand the above statements and by submission of this application hereby grant permission to confirm the information supplied on this application.

Date

Signature of Applicant



CONFIDENTIAL INFORMATION

COUNTY OF ROANOKE DEPARTMENT OF HUMAN RESOURCES

Roanoke County monitors its advertising sources to ensure our employment opportunities are posted with sources utilized most often by prospective applicants. Please tell us how you heard about this employment opportunity.

Position Applied For: _____ Date: _____

☐ Full-Time ☐ Part-Time

How did you find out about this employment opportunity?

- | | |
|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Employment Agency (please specify): _____ |
| <input type="checkbox"/> Roanoke County Website | <input type="checkbox"/> Other Source (please specify): _____ |
| <input type="checkbox"/> Other (please specify): _____ | |
| <input type="checkbox"/> Newspaper (please specify): _____ | <input type="checkbox"/> Previous Employment |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Radio |
| | <input type="checkbox"/> VEC – (VA Employment Commission) |

EQUAL EMPLOYMENT OPPORTUNITY DATA

Roanoke County has an Affirmative Action Program to ensure equal employment opportunity in its hiring practices. We are asking you to help us monitor the effectiveness of our program by completing the affirmative action information below. The completion of this form is voluntary and the information will not be used for employment purposes. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application.

Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. As a local government employer, Roanoke County complies with government and equal employment regulations.

- ☐ I agree to provide Equal Employment Opportunity information
☐ I do not agree to provide Equal Employment Opportunity information

Please check the appropriate block: ☐ Male ☐ Female Date of Birth: _____

Please check one of the following:

- Race/Ethnic Group
- ☐ White (*includes Arabian*)
- ☐ Black (*includes Jamaican, Bahamians and other Caribbeans of Africa but not Hispanic or Arabian descent*)
- ☐ Hispanic (*includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture*)
- ☐ Asian & Asian American (*includes Pakistanis, Indians and Pacific Islanders*)
- ☐ American Indian (*includes Alaskans*)

Please check the block for the highest level of education you have completed (check only one)

- | | |
|---|--|
| <input type="checkbox"/> Less than 8th grade | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Completed 8th grade | <input type="checkbox"/> Attended graduate school |
| <input type="checkbox"/> Attended high school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> Graduate study beyond master's requirements |
| <input type="checkbox"/> Attended college | <input type="checkbox"/> Ph.D. or professional degree |

Please check if applicable ☐ Veteran

THE COUNTY OF ROANOKE IS AN EQUAL OPPORTUNITY EMPLOYER